

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396063</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/26/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>SETON MANOR NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 SETON DR ORWIGSBURG, PA 17961</b>		
STATE LICENSE NUMBER: <b>096902</b>					
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F 0000	INITIAL COMMENT	F 0000			
F 0604	Based on a Medicare/Medicaid Recertification Survey, State Licensure Survey, Civil Rights Compliance Survey, and an abbreviated survey in response to a complaint, completed on April 26, 2023, it was determined that Seton Manor Nursing and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0604			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0604  SS=D	Continued from page 1  483.10(e)(1), 483.12(a)(2) Right to be Free from Physical Restraints  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.	F 0604	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. The plan of correction represents the facility's credible allegation of compliance.  1. Resident 38's lap buddy was re-evaluated by Therapy with the recommendation for continued use as the least restrictive method to prevent falls. 2. DON has reviewed current like residents with no other Residents identified with restraint use. 3. Nursing staff will be reeducated on the need to remove the restraint as ordered and document accordingly in the EMAR. 4. Audit will be completed by DON or designee on use of restraint and scheduled removal daily x 5 days,	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/01/2023</b>	

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F 0604  SS=D	Continued from page 2  This REQUIREMENT is not met as evidenced by:	F 0604	weekly x4, monthly x4, and quarterly x1. Results will be reviewed during QAPI meeting.		

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F 0604  SS=D	<p>Continued from page 3</p> <p>Based on clinical record review, facility policy review, and observation, it was determined that the facility failed to ensure that physician's orders were implemented in regards to the use of a physical restraint for one of one sampled resident who was physically restrained. (Resident 38)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, "Use of Restraints," last reviewed March 10, 2023, revealed that the opportunity for motion and exercise was to be provided every two hours when restraints were employed.</p> <p>Clinical record review revealed that Resident 38 had diagnoses that included Alzheimer's disease and dementia. Review of the Minimum Data Set assessment dated March 20, 2023, revealed that the resident had memory impairment, required extensive assistance from staff for most activities of daily living, and used a restraint daily. On January 20, 2023, the physician ordered for staff to apply a</p>	F 0604			

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F 0604  SS=D	<p>Continued from page 4</p> <p>Lap Buddy (a cushion device that prevents a resident from rising from a wheelchair) to Resident 38's wheelchair. Staff was to removed the restraint every two hours. Review of facility documentation revealed that there was no documented evidence that Resident 38's Lap Buddy was consistently removed every two hours as ordered on April 4, 5, 6, 8, 9, 12, 14, 16, 17, 18, 19, and 22, 2023.</p> <p>On April 23, 2023, from 10:30 a.m. through 1:15 p.m., and on April 24, 2023, from 11:00 a.m through 1:15 p.m. Resident 38 was observed with the Lap Buddy in place in the dining area on the nursing unit. At no time during these observations was Resident 38's restraint removed. On April 25, 2023, RN 1 asked the resident to remove the Lap Buddy from her wheelchair. Resident 38 could not remove the Lap Buddy from her wheelchair independently. The facility failed to consistently remove the resident's restraint as ordered by the physician and per facility policy.</p> <p>28 Pa. Code 211.8(f) Use of Restraints.</p>	F 0604			

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F 0604  SS=D	Continued from page 5	F 0604			
F 0684  SS=D		F 0684			

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F 0684  SS=D	Continued from page 6  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. The plan of correction represents the facility's credible allegation of compliance.  1. Resident 104 was assessed by the Dietician and determined to not need a daily weight order. 2. Dietician and DON have reviewed residents requiring daily weights. Weight orders have been updated to be reflected in eMAR. 3. Nursing staff will be reeducated on obtaining and documenting weights timely in PCC. 4. Audit will be completed daily by DON or designee on obtaining weights daily x5, weekly x4, monthly x4, and quarterly x1Results will be reviewed during QAPI meeting.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/01/2023</b>	

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F 0684  SS=D	Continued from page 7  <del>Describe in detail the content of the deficiency and the corrective action plan.</del>	F 0684			
F 0689  SS=D		F 0689			

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F 0689  SS=D	Continued from page 8  483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:	F 0689	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. The plan of correction represents the facility's credible allegation of compliance.  1. Resident 38s plan of care for skin tears and fall interventions have been reviewed to verify that methods are appropriate and in place. Licensed staff to be reeducated on proper transfers and application of chair alarm for Resident 38. 2. DON or designee will review incidents of skin tears and falls for current residents during the last 30 days to determine that interventions have been established based on specific resident's plan of care and in place.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/01/2023</b>	

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F 0689  SS=D	Continued from page 9	F 0689	3. Nursing staff will be re-educated by DON or designee regarding establishing an intervention for incidents and accidents and monitoring to ensure interventions are in place. 4. Incidents and accidents will be reviewed with the interdisciplinary team during clinical review meeting to verify that interventions have been established. Audits will be performed to ensure interventions are in place daily x5, weekly x4, monthly x4 and quarterly x1. Results will be reviewed during QAPI meeting.		

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F 0689  SS=D	Continued from page 10  Based on clinical record review and staff interview, it was determined that the facility failed to provide interventions and adequate supervision to prevent accidents for one of five sampled residents at risk for falls and/or injury. (Resident 38)  Findings include:  Clinical record review revealed that Resident 38 had diagnoses that included dementia and Alzheimer's disease. The Minimum Data Set assessment dated March 20, 2023, indicated that the resident was cognitively impaired and required staff assistance with activities of daily living including bed mobility, transferring, and toileting. The care plan identified that the resident had alterations to her skin and an intervention was to use caution during transferring and bed mobility. On January 10, 2023, nursing documentation indicated that Resident 38 obtained a skin tear on her second digit on her right hand during a transfer from a reclining chair to her merry walker. Review of the incident report revealed that her finger was pinched when staff was connecting the merry	F 0689			

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F 0689  SS=D	Continued from page 11  walker together. On February 12, 2023, nursing documentation indicated that Resident 38 obtained a skin tear to her right elbow. Review of the incident report revealed that the skin tear was obtained when staff removed her wheelchair cushion. On February 28, 2023, nursing documentation indicated that Resident 38 obtained a skin tear to her knee when staff was transferring her to her wheelchair. Review of the incident reported revealed that the resident's knee was bumped on the wheelchair. On March 10, 2023, a nurse documented that Resident 38 obtained a skin tear during a transfer from a comfort chair to her wheelchair by staff. On April 24, 2023, a nurse documented that the resident received a skin tear when staff was transferring her from her wheelchair to the toilet. Review of the incident report revealed that Resident 38's leg was bumped on the wheelchair. There was no documentation to support that the facility reviewed and provided adequate interventions to prevent skin tears during transfers for Resident 38 until April 24, 2023, when all staff on the unit were educated.	F 0689			

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F 0689  SS=D	Continued from page 12  In an interview on April 26, 2023, at 10:50 a.m. the Nursing Home Administrator confirmed there was no documented evidence that all staff were educated regarding safe transfers prior to April 24, 2023.  Further review of Resident 38's care plan revealed that she had a history of multiple falls and an intervention was for staff to apply a chair alarm. On April 8, 2023, a nurse documented that the resident fell from her chair in the dining room. Review of the incident report revealed that the resident was often restless and that staff had failed to apply the chair alarm to Resident 38's chair prior to the fall.  CFR. 483.25(d)(2) Accidents. Previously cited 4/8/22  28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0689			



# Certified End Page

**SETON MANOR NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 096902**

**SURVEY EXIT DATE: 04/26/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY